

1 **BEFORE THE ARIZONA MEDICAL BOARD**

2  
3 In the Matter of

4 **THOMAS J PETRONE, M.D.**

5 Holder of License No. 23585  
6 For the Practice of Medicine  
In the State of Arizona.

Case No. MD-11-1159A

**ORDER FOR SURRENDER OF  
LICENSE AND CONSENT TO THE  
SAME**

7 Thomas J. Petrone, M.D. ("Respondent") elects to permanently waive any right to a  
8 hearing and appeal with respect to this Order for Surrender of License; admits the  
9 jurisdiction of the Arizona Medical Board ("Board"); and consents to the entry of this Order  
10 by the Board.

11 **FINDINGS OF FACT**

12 1. The Board is the duly constituted authority for the regulation and control of  
13 the practice of allopathic medicine in the State of Arizona.

14 2. Respondent is the holder of License No. 23585 for the practice of allopathic  
15 medicine in the State of Arizona.

16 3. The Arizona Medical Board ("Board") initiated case number MD-11-1159A  
17 after conducting a random chart review pursuant to an Order for Letter of Reprimand and  
18 Probation issued to Respondent.

19 4. Pursuant to his February 5, 2009 Board Order, Respondent was placed on  
20 a Two Year Probation with periodic chart reviews. In August 2011, Board staff conducted  
21 a chart review and forwarded five patients' charts to a Medical Consultant (MC) for a  
22 quality of care review. The MC identified deviations from the standard of care in three  
23 of the five cases, and found medical recordkeeping issues in four of the cases.

24 5. Patient JP was seen by Respondent on four occasions. At each visit,  
25 Respondent did not address multiple issues of which JP complained during the visits.

1 JP did not get her palpitations, irregular heart rate, and hot and cold intolerance  
2 addressed in her visits. There were no urine drug screens in JP's chart and there was  
3 no documented discussion of where JP got her pain medication from during her three  
4 month absence from the clinic. There were no follow up notes from JP's  
5 rheumatology or ophthalmology visits. Additionally, Respondent's documentation of  
6 the physical exams was very poor with assessments being included as part of the  
7 physical exam.

8 6. Patient MP was seen on one occasion by Respondent for a follow up of  
9 chronic pain and fatigue. Respondent diagnosed MP with a left preauricular swelling  
10 and initiated clindamycin for a possible salivary duct stone. A urine drug screen was  
11 collected and positive for Suboxone; however, this was not documented in MP's chart.  
12 Respondent's documentation regarding this visit is deficient in terms of what tests  
13 were done at this visit and what medications were prescribed.

14 7. Patient TE was seen on eight occasions from March 21, 2011 through  
15 April 15, 2011 for attempts at detoxification before seeing Respondent on April 19, 2011  
16 for his continued weaning off methadone; diabetes; hypertension; chronic knee pain;  
17 and neuropathy. An orthopedic assessment suggested regional pain syndrome as a  
18 cause of the severe right knee pain in absence of severe findings. Respondent  
19 insisted that the assessment was wrong and recommended a second opinion for TE.  
20 Respondent's documentation of physical exams were more assessment than  
21 objective findings and his charting was lacking, as the last two prescriptions for high  
22 dose methadone were not explained and there was no mention of the performance of  
23 urine drug testing.

24 8. Respondent first saw patient NG on April 28, 2011 with the diagnosis of  
25 chronic back pain with L5 radiculopathy from a herniated disc, anxiety, depression

1 and reflux. Respondent continued narcotics for NG and escalated the doses after an  
2 EMG suggested no neuropathy. He did not address NG's asthma symptoms, chest  
3 pain at rest, or NG's sleep complaints. NG continued to complaint of anxiety and  
4 depression throughout the visits and his antidepressants were not changed.  
5 Respondent's physical exam documentation was poor with included assessments  
6 instead of objective findings. On the last visit, new narcotics were prescribed  
7 without any documentation.

8       9.       The standard of care requires a physician to address the issues of which the  
9 patient complains during the visit.

10       10.       Respondent deviated from the standard of care by failing to address the  
11 multiple issues of which JP complained during her visits.

12       11.       The standard of care when referring a patient to a specialist requires a  
13 physician to abide by the diagnosis from the specialist.

14       12.       Respondent deviated from the standard of care by failing to abide by the  
15 diagnosis of the orthopedic physician.

16       13.       The standard of care requires a physician to avoid continuing and escalating  
17 narcotic medication doses when lab tests suggest no neuropathy.

18       14.       Respondent deviated from the standard of care by continuing and escalating  
19 NG's narcotic medication doses when the EMG suggested no neuropathy.

20       15.       The standard of care requires a physician to address the issues of which the  
21 patient complains during the visit.

22       16.       Respondent deviated from the standard of care by failing to address NG's  
23 asthma symptoms, chest pain at rest and sleep complaints.

24       17.       The standard of care requires a physician to adjust the patient's  
25 antidepressants when the patient continues to complain of anxiety and depression.

1        18.        Respondent deviated from the standard of care by failing to adjust NG's  
2 antidepressants when NG continued to complain of anxiety and depression throughout  
3 his visits.

4        19.        JP could have gotten very sick from cholecystitis or a partial miscarriage  
5 without appropriate follow up.

6        20.        TE would likely have been much better served with an appropriate diagnosis  
7 of complex regional pain syndrome rather than chronic pain of the knee and would not  
8 have had to follow up with orthopedic physicians for first assessment and second  
9 opinions, all of which cost TE money and time.

10       21.       NG was continued on his narcotics for pain which was highly suspicious to  
11 be fictitious. His dyspnea, wheezing, insomnia and chest pain were never assessed or  
12 treated.

13       22.       The Staff Investigational Review Committee ("SIRC") met on August 16,  
14 2012, and determined that Respondent should participate in a PACE evaluation based  
15 upon concerns raised in this investigation. SIRC was concerned about Respondent's  
16 fund of knowledge, particularly with regard to prescribing and medical recordkeeping

17       23.       On August 24, 2012, the Board ordered Respondent to undergo a PACE  
18 evaluation within 30 days. On September 4, 2012, Respondent informed the Board that  
19 he is unable to attend the PACE assessment.

20       24.       Respondent admits to the acts described above and that they constitute  
21 unprofessional conduct pursuant to A.R.S. §32-1401(27)(e) ("[f]ailing or refusing to  
22 maintain adequate records on a patient."); and A.R.S. §32-1401(27)(q) ("[a]ny conduct  
23 that is or might be harmful or dangerous to the health of the patient or the public.")  
24  
25

1 **CONCLUSIONS OF LAW**

2 1. The Board possesses jurisdiction over the subject matter hereof and over  
3 Respondent.

4 2. The Board possesses statutory authority to enter into a consent agreement  
5 with a physician and accept the surrender of an active license from a physician who  
6 admits to having committed an act of unprofessional conduct. A.R.S. § 32-1451(T)(2).

7 **ORDER**

8 IT IS HEREBY ORDERED THAT Respondent immediately surrender License  
9 Number 23585, issued to Thomas J. Petrone, M.D. for the practice of allopathic medicine  
10 in the State of Arizona, and return his wallet card and certificate of licensure to the Board.

11  
12 DATED and effective this 4<sup>th</sup> day of OCTOBER, 2012.

13 ARIZONA MEDICAL BOARD

14  
15 By: 

16 Lisa S. Wynn  
17 Executive Director

18 **CONSENT TO ENTRY OF ORDER**

19 1. Respondent has read and understands this Consent Agreement and the  
20 stipulated Findings of Fact, Conclusions of Law and Order ("Order"). Respondent  
21 acknowledges he has the right to consult with legal counsel regarding this matter.

22 2. Respondent acknowledges and agrees that this Order is entered into freely  
23 and voluntarily and that no promise was made or coercion used to induce such entry.

24 3. By consenting to this Order, Respondent voluntarily relinquishes any rights  
25 to a hearing or judicial review in state or federal court on the matters alleged, or to

1 challenge this Order in its entirety as issued by the Board, and waives any other cause of  
2 action related thereto or arising from said Order.

3 4. The Order is not effective until approved by the Board and signed by its  
4 Executive Director.

5 5. All admissions made by Respondent are solely for final disposition of this  
6 matter and any subsequent related administrative proceedings or civil litigation involving  
7 the Board and Respondent. Therefore, said admissions by Respondent are not intended  
8 or made for any other use, such as in the context of another state or federal government  
9 regulatory agency proceeding, civil or criminal court proceeding, in the State of Arizona or  
10 any other state or federal court.

11 6. Upon signing this agreement, and returning this document (or a copy  
12 thereof) to the Board's Executive Director, Respondent may not revoke the consent to the  
13 entry of the Order. Respondent may not make any modifications to the document. Any  
14 modifications to this original document are ineffective and void unless mutually approved  
15 by the parties.

16 7. This Order is a public record that will be publicly disseminated as a formal  
17 disciplinary action of the Board and will be reported to the National Practitioner's Data  
18 Bank and on the Board's web site as a disciplinary action.

19 8. If any part of the Order is later declared void or otherwise unenforceable, the  
20 remainder of the Order in its entirety shall remain in force and effect.

21 9. If the Board does not adopt this Order, Respondent will not assert as a  
22 defense that the Board's consideration of the Order constitutes bias, prejudice,  
23 prejudgment or other similar defense.

24  
25   
\_\_\_\_\_  
Thomas J. Petrone, M.D.

Dated:   
\_\_\_\_\_

1  
2 EXECUTED COPY of the foregoing mailed by  
3 US Mail this 1st day of Oct, 2012 to:

4 Thomas J. Petrone, M.D.  
5 Address of Record

6 ORIGINAL of the foregoing filed this  
7 1st day of Oct, 2012 with:

8 The Arizona Medical Board  
9 9545 East Doubletree Ranch Road  
10 Scottsdale, AZ 85258

11   
12 Arizona Medical Board Staff  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25